

**STATEMENT OF CANDIDATE FOR
CITY OF LODI
COUNCIL MEMBER**

ALAN NAKANISHI

Age:58

Occupation: Physician, Small Business Owner

My education and qualifications are: I am running for city council to give back to the community which my family and I have called home for twenty-seven years. Lodi is going through many changes and strong leadership is needed as it progresses into the twenty-first century. Leadership that sees the need for planned, sustained growth while protecting Lodi's unique culture, which provides opportunity for small business as well as a safe haven for raising families. As a small businessman, healthcare provider, and an educational advocate, I will work to provide safety for our loved ones, quality education for our children and protection of our property rights from intrusive governmental rules and regulations.

I will examine all capitol ventures for fiscal soundness, fight for safe streets, clean water, and make sure our local firefighters, police, and emergency personnel are well trained and equipped for all emergencies.

Being president of Delta Eye Medical Group, Chief of Staff at Dameron Hospital, Lodi Academy Board Member, holding a Master's of Administration, as well as obtaining the rank of Major while in the United States Army gives me the background and experience necessary to work and serve as your representative on the Lodi City Council. Please vote for me.

CANDIDATE'S STATEMENT FORM far Jurisdiction: Lodi

In the space below **PLEASE TYPE In Capital and lower case letters**

a brief description of no more than 200 words, of the candidate's education and qualifications.

Enter the title of the Office for which the person is a candidate under the word "FOR" below, and enter the candidates' name in all CAPS above the word "Age".

(name) **ALAN NAKANISHI**
Age: **58**
Occupation: **Physician, Small Business Owner**

(title of office): **FOR
Member, City Council**


Hand-delivered
to Co. on 8/7/98

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/ s /

☐ Check here if statement continues on 2nd sheet 

I **DO** want my candidate statement in the following languages in the Voter Pamphlet:

English ☒ Spanish: ☒ Other: _____

Signature of Candidate: 

Other: _____

Print Name of Candidate: ALAN NAKANISHI

Other: _____

____ I **DO NOT** want a candidate statement to appear in the Voter Pamphlet. Signature of Candidate: _____

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(title of office): Member, City Council

(name)

Age: ALAN NAKAMSI-H

Occupation: 58

Physician, Small Business Owner

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CLERK: Keep original statement for your files, make one copy for the printer, make one copy for the candidate, make one or more copies for the translator(s) if necessary.